**ONTARIO HORTICULTURAL ASSOCIATION
SPEAKER REGISTRATION REQUEST FORM**

To add your name to our Speaker’s List on gardenontario.org please fill in the following form and email to:

Rose Odell at speakers@gardenontario.org

 **Name: First Last**

**Biography:**

Please provide a brief description of your qualifications, skills and/or experience

**Contact Information:**

**Email:**

**Website:**

**Facebook:**

**Phone:**

**Home Location:**

**Please list the District & Society you belong to:**

**Society:**

**District:**

**Please select all the Districts that you would travel to:**

D1 □ D2 □ D3 □ D4 □ D5 □ D6 D7
D8 D9 D10 D11 □ D12 □ D13 □ D14 □
D15 □ D16 □ D17 □ D18 □ D19

**Topic List**

For each entry, please list a topic from the list below, a title and a brief description noting any costs, restrictions, i.e. time of year, and any other special requirements.

**Choose a TOPIC from the following:**

Bulbs/Tuber

Environment

Floral Design Fungi

Gardening

Herbs

Houseplant

Native Plants

Pollinators

Propagating

Pruning

Vegetables

|  |  |  |
| --- | --- | --- |
| **Topic** | **Title** | **Description** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Files to add to listing:**

Please send any pdf documents to market your topics/workshops including the audio/visual requirements form so our societies know what equipment/services are required.

**Do you present in Person, on Zoom or both?**

In person only –

On Zoom only –

In person and on Zoom -

**Authorization & Release**

I, , grant the Ontario Horticultural Association:

* Use of my photographic images and/or video and/or testimonials in various forms of media, including printed or multi-media materials, to be used by or for the Ontario Horticultural Association to assist in publicity, promotion, marketing and/or educational purposes.
* Use of my identity or likeness in photographic images and/or video and/or testimonials as described above.
* The permission to identify me by name and/or society/organization and such identifiers as hometown (if applicable).

**Signature**: **Date**: